

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.						
1	1						51								
2		1					52								
3		1					53								
4	1						54								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															